Supplemental Application Data Sheet

Application Information

Application number::

Not Yet Assigned 10/732,897

Filing Date::

Herewith <u>12/09/03</u>

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SUBSTITUTED PIPERAZINES

Attorney Docket Number:: 019934-003720US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 26

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United Kingdom

Status::

Full Capacity

Given Name::

Andrew

Middle Name::

M.K.

Family Name::

Pennell

Name Suffix::

City of Residence::

San Francisco

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

148 Hancock Street

City of Mailing Address::

San Francisco

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94114

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

James

Middle Name::

B.

Family Name::

Aggen

Name Suffix::

City of Residence::

Burlingame

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1311 California Drive

City of Mailing Address::

Burlingame

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94010

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Australia

Status::

Full Capacity

Given Name::

J.J.

Middle Name::

Kim

Family Name::

Wright

Name Suffix::

City of Residence::

Redwood City

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

720 Bair Road, Apt. 107

City of Mailing Address::

Redwood City

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94063

Applicant Authority Type::

Inventor

Primary Citizenship Country::

India

Status::

Full Capacity

Given Name::

Subhabrata

Middle Name::

Family Name::

Sen

Name Suffix::

City of Residence::

Sunnyvale

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

655 S. Fairoaks Avenue, #P-204

City of Mailing Address::

Sunnyvale

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94086

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Brian

Middle Name::

E.

Family Name::

McMaster

Name Suffix::

City of Residence::

Mountain View

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

120 Walker Drive

City of Mailing Address::

Mountain View

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

94086

94043

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Daniel

Middle Name::

Joseph

Family Name::

Dairaghi

Name Suffix::

City of Residence::

Palo Alto

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

178 El Dorado Avenue

City of Mailing Address::

Palo Alto

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Valeri

Middle Name:: V.

Family Name:: Martichonok

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 433 Font Boulevard

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address: 94132

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation:: Representative Number:: Representative Name::

Primary 30,223 William M. Smith

Primary 37,369 William B. Kezer

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application is a and claims benefit

CIP of:

10/460,752 60/453,711

06/11/03 06/12/02

of: 10/460,752

Provisional An Appn claiming

benefit under 35 USC

119(e) of

Assignee Information

Assignee Name::

ChemoCentryx, Inc.

Street of mailing address::

1539 Industrial Road

850 Maude Avenue

City of mailing address::

San Carlos

Mountain View

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94070

94043

Submitted by:

Signature _____

Printed Name William B. Kezer

Registration Number

37,369